County: Trempeal eau TREMPEALEAU COUNTY HEALTH CARE CENTER - FDD

W20298 STATE ROAD 121

WHI TEHALL 54773 Phone: (715) 538-4312	2	Ownershi p:	County
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	FDDs
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds Set Up and Staffed (12/31/01):	44	Title 18 (Medicare) Certified?	No
Total Licensed Bed Capacity (12/31/01):	44	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	42	Average Daily Census:	43
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Services Provided to Non-Residents	١	Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	 %	Less Than 1 Year	14. 3
Supp. Home Care-Personal Care	No					1 - 4 Years	23. 8
Supp. Home Care-Household Services	No	Developmental Disabilities	100. 0	Under 65	85. 7	More Than 4 Years	61. 9
Day Services	Yes	Mental Illness (Org./Psy)	0.0	65 - 74	14. 3		
Respite Care	No	Mental Illness (Other)	0. 0	75 - 84	0.0		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	0.0	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	0.0	95 & 0ver	0.0	Full-Time Equivalent	
Congregate Meals	No	Cancer	0. 0	ĺ	[Nursing Staff per 100 Res	i dents
Home Delivered Meals	No	Fractures	0. 0		100. 0	(12/31/01)	
Other Meals	Yes	Cardi ovascul ar	0.0	65 & 0ver	14. 3		
Transportation	No	Cerebrovascul ar	0. 0			RNs	12. 2
Referral Service	No	Di abetes	0. 0	Sex	%	LPNs	6. 3
Other Services	Yes	Respiratory	0. 0		Ì	Nursi ng Assi stants,	
Provi de Day Programming for	i	Other Medical Conditions	0. 0	Male	76. 2	Aides, & Orderlies	53. 8
Mentally Ill	Yes			Femal e	23. 8		
Provi de Day Programmi ng for	i		100. 0		j		
Developmentally Disabled	Yes				100.0		
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Method of Reimbursement

		ledicare litle 18			ledicaid itle 19			0ther		I	ri vate Pay	:]	Family Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0.0	0	0	0. 0	0	0	0. 0	0	0	0. 0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Intermedi ate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Dev. Di sabl ed				41	100.0	144	0	0.0	0	0	0.0	0	1	100.0	147	0	0.0	0	42	100.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	0	0.0		41	100.0		0	0.0		0	0.0		1	100.0		0	0.0		42	100.0

TREMPEALEAU COUNTY HEALTH CARE CENTER - FDD

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01							
beachs builting kepoliting lellou		 		% I	leedi ng		Total		
Percent Admissions from:		Activities of	%		tance of	% Totally	Number of		
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One Or	Two Staff	Dependent	Resi dents		
Private Home/With Home Health	25. 0	Bathi ng	31. 0		66. 7	2. 4	42		
Other Nursing Homes	0.0	Dressi ng	78. 6		19. 0	2. 4	42		
Acute Care Hospitals	12. 5	Transferri ng	95. 2		2. 4	2. 4	42		
Psych. HospMR/DD Facilities	37. 5	Toilet Use	83. 3		16. 7	0. 0	42		
Rehabilitation Hospitals	0.0	Eati ng	81. 0		19. 0	0. 0	42		
Other Locations	25 . 0	************************************	******	*****	*********	**********	*****		
Total Number of Admissions	8	Continence			pecial Treatme		%		
Percent Discharges To:		Indwelling Or Externa		0. 0		spi ratory Care	0.0		
Private Home/No Home Health	11. 1	Occ/Freq. Incontinent		4. 8		cheostomy Care	0.0		
Private Home/With Home Health	0.0	Occ/Freq. Incontinent	of Bowel	0. 0	Receiving Suc		0. 0		
Other Nursing Homes	0.0				Receiving Ost		0. 0		
Acute Care Hospitals	0.0	Mobility			Recei vi ng Tub		0. 0		
Psych. HospMR/DD Facilities	22. 2	Physically Restrained	l	0. 0	Receiving Med	chanically Altered Diets	s 35. 7		
Rehabilitation Hospitals	0.0								
Other Locations	66. 7	Skin Care		(ther Resident	Characteri sti cs			
Deaths	0.0	With Pressure Sores		0. 0	Have Advance	Di recti ves	59. 5		
Total Number of Discharges		With Rashes		7. 1	Ædi cati ons				
(Including Deaths)	9				Receiving Psy	choactive Drugs	92. 9		

Thi s Facility Facilities Facilties % Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 97. 7 84. 6 1. 15 84. 6 1. 16 Current Residents from In-County 9. 5 41.3 77. 0 0.12 0. 23 Admissions from In-County, Still Residing 0.0 17.0 0.00 20.8 0.00 Admissions/Average Daily Census 18.6 18.6 1.00 128. 9 0.14 Discharges/Average Daily Census 22. 2 20.9 0.94 130.0 0. 16 Discharges To Private Residence/Average Daily Census 2. 3 9.4 0. 25 52.8 0.04 Residents Receiving Skilled Care 0.0 0.0 0.00 **85**. 3 0.00 Residents Aged 65 and Older 14.3 15.8 0.90 87. 5 0.16 Title 19 (Medicaid) Funded Residents 97. 6 99. 3 0. 98 68. 7 1.42 Private Pay Funded Residents 0.0 0. 5 0.00 22.0 0.00 Developmentally Disabled Residents 100.0 99. 7 1.00 7. 6 13. 19 Mentally Ill Residents 0.0 0. 2 0.00 33.8 0.00 General Medical Service Residents 0.0 0. 1 19. 4 0.00 0.00 Impaired ADL (Mean)* 50.6 14.3 0. 28 49.3 0. 29 Psychological Problems 92. 9 46.6 1. 99 51.9 1.79 Nursing Care Required (Mean)* 5.4 11.0 0.49 7.3 0.73